**SAMPLE**

**RESIDENT SURVEY**

**[UGLG Letterhead]**

Date

Resident Name

Resident Address

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

The County, City, Township, Village of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ plans to request funds from the United States Housing and Urban Development (HUD) for the purpose of rehabilitation, demolishing, or disposing of the housing unit you now live in.

Caution: This is not a notice to move. If you move before you receive a notice instructing you to move, you will not be eligible for moving assistance. You should continue to pay your monthly rent and comply with your lease terms and conditions since failure to pay rent and meet your other obligations as a resident may be cause for eviction and loss of relocation assistance.

The purpose of this survey is to determine your replacement housing preference. Please find below a list of possible replacement housing choices that the County, City, Township, Village of \_\_\_\_\_\_\_\_\_\_\_\_ believes will be available to you if this project is funded. Please place a number by the choices you select in order of preference (A number “1” by your first choice, “2” by your second, “3” by your third, etc.)

Options Available

\_\_\_\_ Return to site when project is complete

\_\_\_\_ Other public housing

\_\_\_\_ Section 8 Assisted Housing

\_\_\_\_ Section 8 Voucher Assisted Housing

\_\_\_\_ Optional Homeownership Housing

\_\_\_\_ Private Sector Rental Housing

\_\_\_\_ Other Housing

If you have any questions, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

Name, Title

**NOTES**

1. This is a guidance form. It should be revised to reflect the HUD program and project circumstances.